



ATHLETE RELEASE FORM

TO BE COMPLETED BY AN ATHLETE WHO SIGNS ON HIS OR HER OWN BEHALF

I, _____ am at least 19 years old and I have completed an application for participation in Special Olympics.

1. a) I state that I am physically and mentally able to participate in Special Olympics activities.
b) I understand that if a doctor has found problems with my neck (Atlanto-Axial Instability) I will only be allowed to participate in Special Olympics sports if:
 - I have another examination and the doctor who checks me for my neck problems says I am able to participate and I sign a form to say I understand what the doctor has told me.
2. Special Olympics has my permission to use my photograph, video, name and voice or words to promote Special Olympics.
3. I agree to participation in Healthy Athletes. If I change my mind, I do not have to go to Healthy Athletes
4. I know that Special Olympics activities may mean that I sometimes have to stay overnight in a hotel, hostel or someone else's home. If I have any questions about this I will ask the Special Olympics Program staff or volunteers.
5. If I need emergency medical care while I am participating in Special Olympics, I give permission to Special Olympics to do whatever may be necessary to protect my health and well-being, which may include taking me to a hospital.

I understand and have read this release and by signing below I say that I agree to this release.

Signature of Athlete: _____ Date: _____